

Focus Groups and Interviews: Preliminary Findings

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Focus Groups

- Group #1** Small businesses who do not offer health insurance to employees.
- Group #2** Small businesses who do offer health insurance to employees.
- Group #3** Providers (health, mental health, dental, rehab, optical) of health care services.
- Group #4** Insurance agents and representatives who offer health insurance.
- Group #5** Community, state, and social service agencies.
- Group #6** Local governments.
- Group #7** Uninsured (including African Americans, Hispanics, working poor, seniors, and young adults).

Key Informant Interviews

**High-profile individuals in business,
government, social services,
community activism**

**Similar questions as focus group
study**

Illinois Regions

Region I

*Northwestern
4 groups*

Region IV

*Cook County
3 groups*

Region V

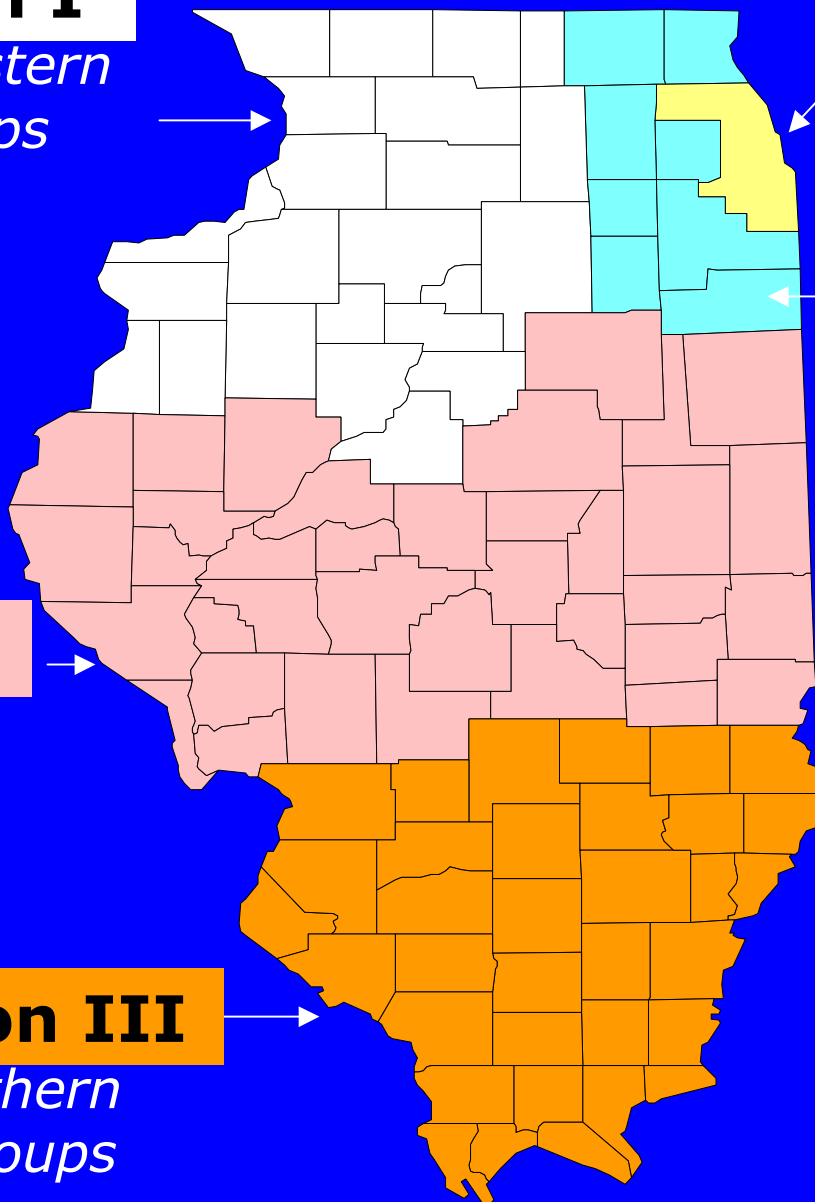
*Collar Counties
4 groups*

Region II

*Central
5 groups*

Region III

*Southern
7 groups*



Lack of HI effects:

- **Delaying Treatment**
- **Affecting Basic Living Choices**
- **Use of Emergency Rooms**
- **Risking Financial Security**
- **Rationing Payments/therapy**
- **Treated Poorly by Others**
- **Falling in and Out of the Gap**

Why People Lack HI: Individual Access Problems

- **Affordability**

- *High Premiums*
- *Pre-Medicare population*

- **Pre-Existing Conditions**

- *Inability to obtain individual coverage*
- *Result of delaying treatment*

- **Cultural Barriers**

- **Choice**

Why People Lack HI: Employment Linkages

- **Employer Doesn't Offer HI**
 - *Low wage jobs*
 - *Part-time, seasonal, contract workforce*
 - *Insurance Company profit-mindedness*
- **Portability Concerns**
 - *COBRA problems (cost, exhausted)*
 - *Seasonal workforce*
- **Lack of In-Network Providers**
- **Employer-Insurance Expectancy**

Why People Lack HI: Public HI Inaccessibility

- Long wait period for immigrants
- Poor Treatment in the Past --
Unwillingness to Enroll in Public HI
- Community Development Programs
Thwarted by Red Tape Hassles
- Perception that People Misuse Public
HI

How medical needs are being met

- Home Remedies
- Ignoring or Delaying Treatment for Health Problems
- Emergency Rooms
- Free Clinics, Public Health Centers, Community Programs
- Charity From Doctors

Perceptions of public HI programs: Why not participate?

1. Individual Barriers

- *Stigma of Public HI*
- *Lack of Access to Providers*
- *Cultural Barriers*
- *Complicated Application Process*
- *ICHIP Expense and Availability*
- *Lack of Awareness*

2. Provider Barriers

- *Mistrust in Government-run HI programs*

Perceptions of public HI programs: Problems experienced

1. Individual Concerns

- *Poor Treatment by the “System”*
- *Inadequate Benefits*
- *Misuse of Public HI Programs*

2. Provider Concerns

- *Burdensome Bureaucracy*
- *Lack of Autonomy*
- *Reimbursement Problems*
- *Beneficiary Commitment*
- *Preference for Providing Charity*
- *Referring for Speciality Care*

Perceptions of public HI programs: Positive Perceptions

- **Good Service/Coverage**
- **Minimum Hassles in Kidcare Enrollment**
- **Saved From Financial Ruin**
- **Use of General Assistance as Safety Net**
- **Right to Public HI Programs**

Why Businesses offer HI and Their Struggles to Maintain It

1. Advantages to Employers

- *Attract/ Retain Employees*
- *Self Coverage*
- *Moral Obligation*

2. Employers' Struggles to Maintain HI

- *Rate Increases/Affordability*
- *Expectations/Naivete by Employees*
- *Problems with Managed Care Systems*
- *Hassles in yearly HI decisions*

Reasons why small businesses don't offer HI

- **Affordability**

- *Rate Increases*
- *Cost of Mandates*
- *Impact of Employee Illness on Risk Rating*

- **Employees Insured Elsewhere**

- **Employees Choose Not to Purchase HI**

- **Business Employs Part-time/Seasonal Workers**

Mechanisms that would help small businesses

- **Purchasing Groups**
- **Tax Incentives**
- **Access to Providers in the Area**

Minimum benefit

1. General Issues

- *Keep it affordable*
 - *Sliding Scale*
 - *Low Deductible*
- *Monitor misuse of public programs*
- *Consider Rationing and Prioritizing*
- *Consider problems with mandates*
- *Don't penalize for pre-existing conditions*

2. General Plans

- *Basic Health Plan (hospitalization, prevention, maintenance)*
- *Managed Care-style plan*
- *Kidcare-style plan*
- *Expanded Health Plan (complete health perspective)*

Minimum benefit

3. Specific benefits

- ***Catastrophic/Hospitalization***
- ***Prevention***
- ***Dental***
- ***Mental Health***
- ***Prescriptions***
- ***Rehabilitation***
- ***Vision***

Funding Mechanisms/ Affordability

1. Maintain Affordability

- *Reasonable Deductibles*
- *Beneficiary Contribution*
- *Sliding Scale*
- *Controlling Costs*
- *Controlling rate increases*

2. Changing Expectations

- *Patient Responsibility*
- *Educating about Importance of HI*

3. General systems

- *Universal Health Care*
- *Managed Care System*

Funding Mechanisms/ Affordability

3. Problems to Consider

- *Stigma of Public HI*
- *Tax Incentives good for Business but not Individuals*
- *Complications of Medical Savings Accounts*
- *Problems with Mandates*
- *Reimbursement to Providers*

Marketing/Raising Awareness

- Community outreach
- Physicians
- Employers
- Schools
- Health and Social Service agencies
- Word of mouth
- Media
 - Multiple sources
 - Coordinated marketing
- Phone book
- Marketing legitimacy
 - No Telemarketing
 - Government Notices

Nominal Group Summary

- Focus on cost control measures, possibly mandated by gov't
- Gov't mandates to insure that everyone has access to affordable HI, and that it is denied to no one.
- Reduce gov't mandates re: required benefits
- Education about the appropriate and realistic role of HI
- Increase, improve, and make more efficient public systems of HI
- Tort reform

Nominal Group Summary

- Insurance industry to help develop and administer state HI programs
- Everyone pays/contributes their fair share
- Local control of medical decisions, and access to local providers
- Prevent undue penalizing for pre-existing conditions
- Purchasing pools and tax incentives for small businesses
- Separate HI from employment
- Universal health care/insurance

Words of wisdom to legislators

1. Look at the Oregon plan
2. Base decisions on facts, not emotions
3. Don't emphasize insurance, emphasize Community Health Center Programs
4. Expand Medicaid/Kidcare
5. Emphasize preventive care
6. Don't let insurance companies have access to individual health records

Words of wisdom to legislators

7. Stop listening to insurance companies
8. Expand unemployment benefits to allow season workers to keep plan
9. No one best plan -- need multiple approaches
10. Make charity care easy to do
11. Keep medical care and medical decisions local
12. Design the system around the patient

Summary/Conclusions

- Overwhelming consensus that the present system is at a breaking point
- Small businesses continue to see offering HI as a desired role
- Consensus: everyone should pay something. Health care should not be “free”
- Providers: recognize that the insurance industry must have a decision making role, but still want the necessary autonomy to make important medical decisions

Summary/Conclusions

- As a society, we need to deal with the issue of health care as a limited rather than limitless resource
- Everyone must invest their “fair share”
- Probably not a single solution, but a “system of solutions”
- Health insurance and access to health care is a fundamental value to virtually all focus group participants